

ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

St Catherine HospitalCity: East Chicago County: Lake Year: **2004**

Provider Type: General Acute Hospital

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	16	288	2,962	\$9,487
ICU Med/Surg	12	145	467	NR
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	87	5,950	27,225	\$1,616
Neonatal Intermed	0	0	0	\$0
Obstetrics	9	739	1,626	\$1,729
Pediatric	9	382	1,198	\$1,215

Psychiatric	0	0	0	\$0
Rehabilitation	23	643	4,830	\$3,034
Substance Abuse	25	601	7,479	\$6,376
Swing Beds	NA	0	0	\$0
Other Services	19	338	4,539	NA
Acute Subtotal	200	9,086	50,326	NA
Normal Newborn	15	732	1,486	\$582

II. Outpatient Visits			
Circulatory System	553	Digestive System	638
Endocrine System	618	Injuries and Poison	2,150
Mental Disorder	260	Musculoskeletal	1,026
Neoplasms	188	Nervous	405
Respiratory	894	Urinary	756
Other/Unknown	28,849	Total Visits	36,337
Number of Visits to Emergency Department			24,652
Percent of Emergency Department Visits of Total Visits			67.8%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	N - Alcohol/Drug Service	Y - Anesthesia Services
N - Audiology	Y - Blood Bank	N - Cardiac Cath Lab
Y - Cardiac-Thoracic Surgery	N - Chemotherapy Service	N - Chiropractice Service
N - CT Scanner	N - Dental Service	Y - Dietetic Service
N - Extracorporeal Lithotripter	N - Gerontological Service	Y - Home Health Service
N - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
N - Magnetic Resonance (MRI)	N - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
N - Ophthalmic Surgery	Y - Optometric Service	N - Organ Bank
N - Organ Transplant	N - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	N - PET Imaging	Y - Postoperative Recovery
N - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	Y - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	N - Rehab Inpat CARF
N- Rehab Inpat Non CARF Acc	N- Rehab Outpatient	Y- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	N - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
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